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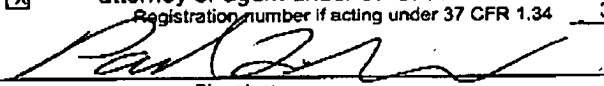
NOV 15 2004

PTO/SB/22 (10-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (fees effective on or after October 1, 2004)		Docket Number (Optional) 102456-40283255	
Application Number 09/989,717		Filed November 21, 2001	
For Radiation Curable Compositions			
Art Unit 1711		Examiner S. McClendon	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
	<u>Fee</u>	<u>Small Entity Fee</u>	
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$110	\$55	\$ <u>110.00</u>
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$430	\$215	\$ _____
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$980	\$490	\$ _____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1530	\$765	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2080	\$1040	\$ _____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>503-121</u> . I have enclosed a duplicate copy of this sheet.			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.			
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).			
<input type="checkbox"/> attorney or agent of record. Registration Number _____			
<input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34.			
Registration number if acting under 37 CFR 1.34 <u>36,004</u>			
 _____ Signature		<u>November 15, 2004</u> _____ Date	
<u>Paul L. Sharer</u> _____ Typed or printed name		<u>(202) 263-3340</u> _____ Telephone Number	
NOTE: Signatures of all the inventors or assignors of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of _____ forms are submitted.			

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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PTO/SB/17 (10-04V2)

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FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 110.00

Complete if Known

Application Number 09/989,717
Filing Date November 21, 2001
First Named Inventor Jansen
Examiner Name S. McClendon
Art Unit 1711
Attorney Docket No. 102456-40283255

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit Account Number
Deposit Account Name

503-121

Mayer Brown Rowe & Maw

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s) or any underpayment of fee(s)

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001 790	2001 395	Utility filing fee	
1002 350	2002 175	Design filing fee	
1003 550	2003 275	Plant filing fee	
1004 790	2004 395	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
SUBTOTAL (1)			(\$ 0.00)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent	-20** =	X	
Multiple Dependent	-3** =	X	

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1202 18	2202 9	Claims in excess of 20	
1201 88	2201 44	Independent claims in excess of 3	
1203 300	2203 150	Multiple dependent claim, if not paid	
1204 88	2204 44	** Reissue independent claims over original patent	
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)			(\$ 0.00)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65			Surcharge - late filing fee or oath	
1052 50	2052 25			Surcharge - late provisional filing fee or cover sheet	
1053 130	2053 130			Non-English specification	
1812 2,520	2812 2,520			For filing a request for ex parte reexamination	
1804 920*	2804 920*			Requesting publication of SIR prior to Examiner action	
1805 1,840*	2805 1,840*			Requesting publication of SIR after Examiner action	
1251 110	2251 55			Extension for reply within first month	110.00
1252 430	2252 215			Extension for reply within second month	
1253 980	2253 490			Extension for reply within third month	
1254 1,530	2254 765			Extension for reply within fourth month	
1255 2,080	2255 1,040			Extension for reply within fifth month	
1401 340	2401 170			Notice of Appeal	
1402 340	2402 170			Filing a brief in support of an appeal	
1403 300	2403 150			Request for oral hearing	
1451 1,510	2451 1,510			Petition to Institute a public use proceeding	
1452 110	2452 55			Petition to revive - unavoidable	
1453 1,370	2453 685			Petition to revive - unintentional	
1501 1,370	2501 685			Utility issue fee (or reissue)	
1502 490	2502 245			Design issue fee	
1503 680	2503 330			Plant issue fee	
1460 130	2460 130			Petitions to the Commissioner	
1807 50	2807 50			Processing fee under 37 CFR 1.17(q)	
1808 180	2808 180			Submission of Information Disclosure Stmt	
8021 40	28021 40			Recording each patent assignment per property (times number of properties)	
1809 790	2809 395			Filing a submission after final rejection (37 CFR 1.129(a))	
1810 790	2810 395			For each additional invention to be examined (37 CFR 1.128(b))	
1801 790	2801 395			Request for Continued Examination (RCE)	
1802 900	2802 900			Request for expedited examination of a design application	

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 110.00

SUBMITTED BY

Name (Print/Type) Paul L. Sharer

Registration No. (Attorney/Agent)

36,004

(Complete if applicable)

Telephone 202-263-3340

Signature

Date November 15, 2004

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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PTO/SB/17 (10-04v2)

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for FY 2005

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☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$)**110.00****Complete if Known**

Application Number	09/989,717
Filing Date	November 21, 2001
First Named Inventor	Jansen
Examiner Name	S. McClendon
Art Unit	1711
Attorney Docket No.	102456-40283255

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None☒ Deposit Account:Deposit
Account
Number
Deposit
Account
Name

503-121

Mayer Brown Rowe & Maw

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments☒ Charge any additional fee(s) or any underpayment of fee(s)☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.**FEE CALCULATION****1. BASIC FILING FEE**

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**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

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Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)**110.00****SUBMITTED BY**

Name (Print/Type)	Paul L. Sharer	Registration No. (Attorney/Agent)	36,004	Telephone	202-263-3340
Signature		Date	November 15, 2004		

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